

## MISSOURI DEATH CERTIFICATE

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7679

-61-031242

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Jess.</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>EUREKA Mo</i>	
c. FULL NAME OF DECEASED (If not in hospital, give location) HOSPITAL OR INSTITUTION <i>Alexian Brothers Hosp.</i>		d. STREET ADDRESS (If outside, give location) <i>St. Joseph Hill Infirmary</i>	
3. NAME OF DECEASED (Type or print) First <i>FERDINAND</i> Middle <i>ZANONE</i> Last <i>ZANONE</i>		4. DATE OF DEATH Month <i>AUG</i> Day <i>16</i> Year <i>1961</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>12/16/1897</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>NONE</i>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <i>63</i>
11. BIRTHPLACE (City and state or country) <i>Memphis Tenn.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>August Zanone</i>		13b. MOTHER'S MAIDEN NAME <i>MARGARET WILLIAMS</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		17. INFORMANT <i>Bro. Rock Eureka Mo</i>	
16. SOCIAL SECURITY NO.		14. NAME OF HUSBAND OR WIFE	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Occlusion</i> DUE TO (b) <i>Hosp.</i> DUE TO (c) <i>420.1</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____. Death occurred at <i>9:00 P.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Joseph M. ...</i>		22b. ADDRESS <i>1300 Clark</i>	
22c. DATE SIGNED <i>8-18-61</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	23b. DATE <i>8/19/61</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Our Lady Queen of Peace</i>	23d. LOCATION (City, town, or county) (State) <i>House Springs Mo</i>
24. FUNERAL DIRECTOR <i>Brimmer Funeral Home House Springs Mo</i>		25. DATE RECD. BY LOCAL REG. <i>AUG 18 1961</i>	
26. REGISTRAR'S SIGNATURE <i>Paul Smith M.D.</i>			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AND AVAIL OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Herbert J. Gaa Jr.

Licensed Embalmer No. 4800

P. O. Address Kipwood 22, W.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.